

POST OFFICE TO ADDRESSEE



EL477037728US

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SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE



Customer Copy
Label 11-F July 1997

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 10017	Day of Delivery <input checked="" type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date In 6/18/97	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 51.30	
Time In 11:48 AM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight 2.11 lb.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials LJ	Total Postage & Fees \$ 51.30	

CUSTOMER USE ONLY	
METHOD OF PAYMENT: Express Mail Corporate Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No.	NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday

FROM: (PLEASE PRINT) PHONE ()

**PENNIE & EDMONDS LLP
1155 AVENUE OF THE AMERICAS
17TH FL
NEW YORK NY 10036-2711**

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TO: (PLEASE PRINT) PHONE ()

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